

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403902695

Date Received:
08/27/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10705
Name of Operator: EVERGREEN NATURAL RESOURCES LLC
Address: 1875 LAWRENCE ST STE 1150
City: DENVER State: CO Zip: 80202

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Distribution, Evergreen</u>	<u>719-846-7898</u>	<u>cogcc.evergreen@enrllc.com</u>
<u>Pesicka, Conor</u>		<u>conor.pesicka@state.co.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 695109828
Inspection Date: 07/10/2024 FIR Submit Date: 07/10/2024 FIR Status: _____

Inspected Operator Information:

Company Name: EVERGREEN NATURAL RESOURCES LLC Company Number: 10705
Address: 1875 LAWRENCE ST STE 1150
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 307424

Location Name: BUFFALO GOLD-633S65W Number: 9SWSE County: LAS ANIMAS
Qtrqtr: SWSE Sec: 9 Twp: 33S Range: 65W Meridian: 6
Latitude: 37.181700 Longitude: -104.675990

FACILITY - API Number: 05-071- -00 Facility ID: 217646

Facility Name: BUFFALO GOLD Number: 34-9
Qtrqtr: SWSE Sec: 9 Twp: 33S Range: 65W Meridian: 6
Latitude: 37.181700 Longitude: -104.675990

CORRECTIVE ACTIONS:

1 CA# 196686

Corrective Action: PERFORM MIT PER RULE 417.b. MIT requires 10-day notification via Form 42. Well plugging requires an approved Form 6 Intent to Abandon to Plug Well. Date: 08/10/2024

Response: CA COMPLETED Date of Completion: 08/27/2024

Operator Comment: Return to Service submitted for this location, therefore MIT is not necessary to complete

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see attached documents of well production and F42 RTS form filed

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Tracy Dyke

Signed: _____

Title: Construction Technician

Date: 8/27/2024 2:54:50 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
403902695	FIR RESOLUTION SUBMITTED
403902699	Return to Service-Producing Well
403902705	Scada production graph

Total Attach: 3 Files